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For information

Country note**

Viet Nam

Summary

The Executive Director presents the country note for Viet Nam for a programme of cooperation for the period 2001 to 2005.

The situation of children and women

1. The situation of women and children in Viet Nam has improved considerably over the past decade. Between 1993 and 1998, the poverty level declined from 58 to 37 per cent of the population, while per capita gross domestic product doubled to $352. Over the past decade, the under-five mortality rate has declined from 55 to 48 per 1,000 live births, and the infant mortality rate has dropped from 45 to 39 per 1,000 live births. Primary school enrolment reached 97 per cent in 1998. While Viet Nam's population has grown to 76.3 million, it is expected that replacement level fertility rates will be achieved within the next 10 years. Viet Nam has maintained high immunization coverage; reduced morbidity and mortality from poliomyelitis, neonatal tetanus and measles; increased primary school enrolment; and reduced micronutrient deficiencies. Substantial progress has also been made in expanding access to safe drinking water, improving sanitation and increasing primary school completion rates.

2. While these trends are encouraging, a number of factors place many of these achievements at risk. There are ever-increasing gaps between the rich and the poor, and between rural and urban populations. Ethnic minorities have not shared in many of the benefits of the past decade's developments due to social and cultural divisions, and a lack of knowledge about basic social services and information that promotes behavioural change. Gender discrimination also continues to undermine the well-being of women and their children.

* E/ICEF/2000/2

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 2000.

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3. Protein-energy malnutrition affects 39 per cent of children under five years old, especially those in certain regions and of certain ethnic groups. The underlying causes of malnutrition include inadequate sanitation, unsafe drinking water, suboptimal child care, poor hygiene, a lack of household food security, and the generally poor quality and under-utilization of primary health care services. Maternal mortality remains high, and the official estimate of 90 deaths per 100,000 live births nationally masks major regional variations. Official projections indicate that 200,000 people may be infected with HIV by the end of the year 2000. Persons under 25 years old represent one half of all new cases. As the prevalence of HIV/AIDS continues to rise, so will the rate of mother-to-child transmission of the disease.

4. The availability of day-care centre and kindergarten services has been reduced dramatically over the last 10 years, particularly in rural areas. Children in rural areas account for the bulk of the estimated 800,000 children who never enrol in primary school and of the 34 per cent who never complete the full primary curriculum. The number of children in need of special protection continues to rise due to poverty, lack of education, urbanization, changes in traditional values and lifestyles, and a weakening of familial cohesion.

Lessons learned from past cooperation

5. The current country programme is a combination of national and area-based programmes, which aim at converging services in selected districts. Some sectoral programmes, such as immunization, vitamin A supplementation, salt iodization and water supply, have shown good results. However, the vertical structure of programmes and projects has sometimes led to difficulties in coordinating implementation and management among the various sectors.

6. There is still a need for more concentration of UNICEF-supported programmes in certain areas where problems affecting child survival, growth and development are especially acute. This raises concerns regarding overall programme effectiveness. Programme and project objectives are not always realistic or clearly defined, which creates problems in planning, implementation and monitoring of progress.

7. Long-term funding from other resources involving donors in planning, implementation and monitoring has been shown to improve management and provide more realistic monitoring of results as compared with short-term funding from other resources.

Proposed country programme strategy

8. The country programme strategy has been formulated pursuant to the United Nations Development Assistance Framework (UNDAF), within which the country programmes of United Nations partners will be harmonized to coincide with the national five-year planning cycle beginning in 2001. The primary programme goal will be to support national efforts to reduce under-five and maternal mortality and to enhance the well-being of the most disadvantaged children and women by furthering their rights in line with the principles of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women.

9. The new country programme will adopt a more integrated approach. To support the national initiative to reduce poverty in selected rural areas and contribute to achieving the primary objective of UNDAF, UNICEF resources will be concentrated in a limited number of priority programmes and projects, and convergent service delivery will target the poorest and most disadvantaged families. Programme strategies will be implemented at three operational levels:

(a) At the family/community level, programmes will strive to provide families with the knowledge, skills and support necessary to ensure the survival, growth and development of their children, and to protect them from neglect, abuse and exploitation. Improvement of maternal and youth health practices will also be promoted. An integrated information, education and communication package will be used by community workers to facilitate and support appropriate actions and practices among families;

(b) At the service provider level, emphasis will be given to increasing the availability, utilization and quality of basic social services by increasing community participation in the management of these services at district and commune levels, backed up with essential technical and supply support;

(c) At the national/policy level, these programmes will encourage and support national institutions and mass organizations to create the policy conditions necessary for successful implementation of activities at family and service provider levels. Programmes will also focus on strengthening government capacity in planning, management, monitoring and evaluation.

10. The new country programme will focus primarily on 66 districts with low social service coverage, but some projects that address the most acute problems will be national in scope. Successful programme initiatives in the selected districts may be used as models for child survival, growth, development and protection to be replicated on a wider scale through additional national budget allocations as well as through additional external funding support.

11. The new country programme will comprise six major sectoral programmes that address the most serious impediments to the fulfilment of children's and women's rights. Geographically-focused programmes and cross-cutting task forces will enhance intersectoral synergy. Especially complex areas such as HIV/AIDS and early child care will be managed within UNICEF at the programme coordinator level to ensure the integration of the various sectoral programme strategies.

12. The main objectives of the *nutrition and health* programme will be to reduce malnutrition, morbidity and mortality attributable to common childhood diseases, and maternal morbidity and mortality, especially in rural and ethnic minority areas. At the family/community level, programmes will focus on strengthening village health worker networks; increasing interaction between communities and health service providers; helping families learn to use home-based prevention techniques to address common childhood illnesses; promoting breastfeeding and complementary feeding practices; and encouraging appropriate responses to women's reproductive health needs. At the service provider level, programmes will encourage community participation in health service management and financing to improve the coverage, quality and sustainability of maternal and child health services (including HIV/AIDS prevention and care, and the prevention of mother-to-child transmission). At the national/policy level, successful district projects will provide input to the formulation of national health and nutrition policies, including the introduction of new vaccines and auto-destruct syringes in the national immunization programme.

13. The *rural water supply and environmental sanitation* programme will aim to achieve universal access to rural water supply and to reduce morbidity due to water-borne diseases by improving sanitation coverage and hygiene practices, particularly in the poorest rural and ethnic minority areas. Programme interventions, aimed primarily at the family/community level, will promote low-cost, environment-friendly technologies to ensure the proper use and maintenance of water supply and sanitation facilities. At the service provider level, emphasis will be given to sustainability and water quality.

14. For the *basic education* programme, the main objective will be to support the Government in its efforts towards achieving the Education for All goals, with a focus on early child care, primary education, basic literacy, numeracy and life skills. At the family/community level, the programme focus will be on improving psycho-social development through enhancing the knowledge and skills of parents and other caregivers, promoting gender equitable roles and strengthening community participation. Activities at the service provider level will focus on improving the quality of inclusive primary education services, including life-skills education, and services for out-of-school adolescents focused on preventing HIV/AIDS transmission and drug abuse. At the national/ policy level, the programme will focus on the role of the State in guiding and subsidizing basic educational services, particularly for the rural poor and ethnic minorities, and in promoting gender equality.

15. The main objectives of the *rights promotion and child protection* programme will be to promote the two Conventions and to reduce the number of children in need of special protection. At the family/community level, the programme will aim to improve the capacity of communities, families and children to promote and monitor children's rights, and to provide protection and care for children in difficult circumstances. At the service provider level, the efforts of various sectors to prevent and protect children from neglect, abuse and exploitation will be reinforced. At the national and policy level, the programme will help to develop capacity for rights monitoring, formulate effective policies and legislative measures, and strengthen law enforcement mechanisms.

16. The main objectives of the *advocacy, communication and social mobilization* programme will be to sustain the overall political commitment in achieving the goals of the National Programme of Action (NPA) and to influence societal attitudes on the issue of children's and women's rights. At the national/policy level, alliance-building and a broad range of communication approaches will be utilized to foster an environment that influences legislation and public opinion in a positive manner, thereby mobilizing resources for children. Support will also be provided to other sectoral programmes in their interactions with the mass media, mass organizations, communities and children themselves to encourage behavioural change.

17. Support for systems development and capacity-building at all levels for monitoring social change related to achievement of the goals of the NPA and the two Conventions will be the primary objectives of the *planning, monitoring and evaluation* programme. This programme will

also support the monitoring and evaluation components of all other sectoral programmes.

18. The country programme will be reinforced by several multi-agency, subregional programmes, particularly in the areas of HIV/AIDS, the Roll Back Malaria initiative and the prevention of trafficking of girls and women in the Mekong subregion.

Estimated programme budget

Estimated programme cooperation, 2001-2005[a]
(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Nutrition and health	5 620	15 000	20 620
Rural water supply and environmental sanitation	3 136	12 500	15 636
Basic education	3 587	10 000	13 587
Rights promotion and child protection	2 280	10 000	12 280
Advocacy, communication and social mobilization	1 806	2 250	4 056
Planning, monitoring and evaluation	895	250	1 145
Cross-sectoral costs	3 000	-	3 000
Total	**20 324**	**50 000**	**70 324**

[a] These are indicative figures only which are subject to change once aggregate financial data are finalized.